

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2009 NOV 24 PM 2:09

COMMITTEE NAME (Must be same as on Statement of Organization)

PARKS FOR COUNCIL COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

ROBERT L. PARKS

Political Party (if applicable)

Office Sought

CITY COUNCIL - 1ST WARD

District (if Senate or House)

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Robert L. Parks

SIGNATURE OF PERSON FILING REPORT

515-225-1649

TELEPHONE

NOV. 11, 2009

DATE SIGNED

I AM FILING A OCTOBER 29, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

NOV. 03, 2009

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

1,892.16

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

3,642.16

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

1,866.58

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

1,775.58

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

1,476.76
59.06

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

N/A

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PARKS FOR COUNCIL COMMITTEE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/21/09	ID# CK#	PARKS FOR COUNCIL FUNDS ON HAND		\$1892.16	<input type="checkbox"/>
10/25/09	ID# CK#	F.J. GIOVANNETTI 3004 MELANIE DR. URBANDALE, IA, 50322-6848		100.00	<input type="checkbox"/>
10/25/09	ID# CK#	WILLIAM J. HILLIS 3000 PATRICIA DR. DES MOINES, IA 50322		250.00	<input type="checkbox"/>
10/10/09	ID# CK#	MR. & MRS. JOHN W. REBURZ 1030-23RD ST. WEST DES MOINES, IA, 50265		50.00	<input type="checkbox"/>
10/13/09	ID# CK#	DORMAN A. OTTE 931-30TH ST. WEST DES MOINES, IA		25.00	<input type="checkbox"/>
10/14/09	ID# CK#	CHRISTOPHER J. COLEMAN 3512-48TH PL. DES MOINES, IA 50310		50.00	<input type="checkbox"/>
10/14/09	ID# CK#	KEITH V. DENNER 917-57TH PL. WEST DES MOINES		250.00	<input type="checkbox"/>
10/19/09	ID# CK#	GERARD D. NUGENT 2410 PARK AVE DES MOINES, IOWA 50321		250.00	<input type="checkbox"/>
10/19/09	ID# CK#	W.P. KNAPP REVOCABLE TRUST 4449 WESTOWN RD WEST DES MOINES, IA		500.00	<input type="checkbox"/>
10/26/09	ID# CK#	W.P. KNAPP TR 5221 N.W. 10TH ST JOHNSON, IA		250.00	<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

3,642.16
\$3,642.16

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PARKS FOR COUNCIL COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/13/09	ID# CK#	ABC SIGN+DISPLAY	YARD SIGNS	\$ 444.14
10/23/09	ID# CK#	ABC SIGN+DISPLAY	BANNERS	180.41
10/22/09	ID# CK#	LAKEVIEW PARK PLAZA, L.P.	LAND LEASE	10.00
10/22/09	ID# CK#	DES MOINES REGISTER	CAMPAIGN ADS	1,046.70
10/26/09	ID# CK#	POLK COUNTY ELECTIONS OFFICE	VOTERS REGISTER C.D.	25.00
10/27/09	ID# CK#	U.S. POSTMASTER	POSTAGE	160.33
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 1,866.58

TOTAL (if last page of this schedule) \$ 1,866.58

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

PARKS FOR COUNCIL COMMITTEE

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE

D

(Rev. 08/98)

INCURRED

INDEBTEDNESS

☐ CHECK THIS BOX
IF AMENDING
FORM**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/28/09	AUTOMATED CALLS VICTORY ENTERPRISES DAVENPORT, IA 52802	AUTOMATED PHONE CALLING	\$ 60.56
10/07/09	ACTION PRINT 1776-22ND ST. WEST DES MOINES, IA. 50265	POSTCARDS-FLYERS PRINTING & MAILING	1,040.24
10/25/09	VICTORY ENTERPRISES 5200 S.W. 30TH ST., STE. 7 DAVENPORT, IOWA 52802	AUTOMATED CALLS	\$375.96

SUB-TOTAL

\$ 1,476.76

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

\$ 1,476.76

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PARKS FOR COUNCIL COMMITTEE

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
09/14/09	ROBERT L. PARKS		WPM VOTERS DISC/CITY	\$ 10.00	
10/02/09	ROBERT L. PARKS		DATE LABELS	49.06	
10/26/09	ROBERT L. PARKS		REGISTERED VOTER DISC	25.00	
	RE-ENTERED ON SCHEDULE 11/31/11				

SUB-TOTAL

\$

TOTAL (if last
page of this
schedule)

\$

Page 1 of 1
(for Schedule E)

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.